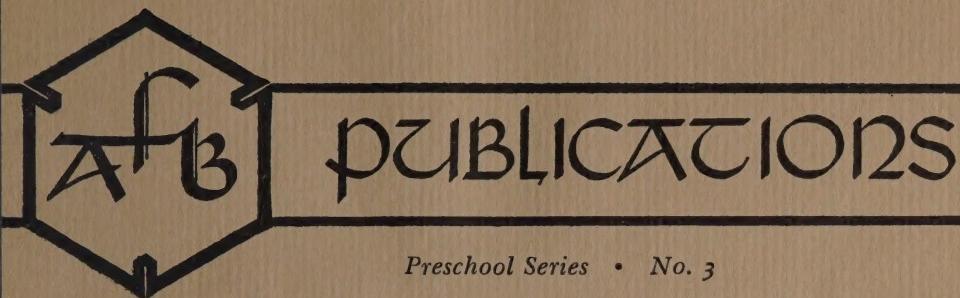


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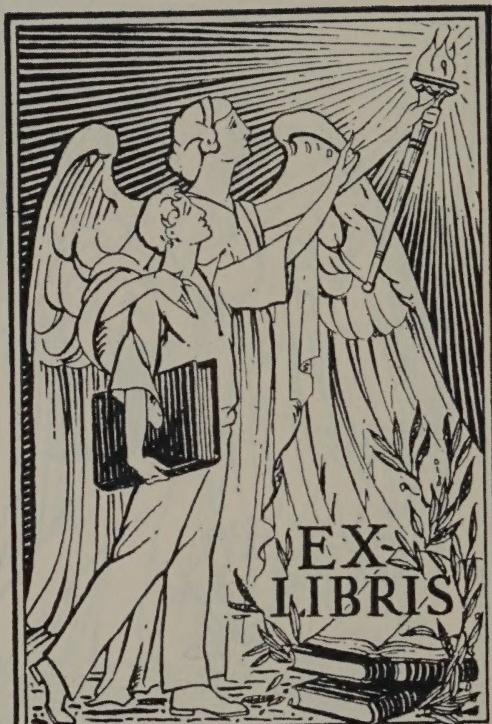
*Normal Growth and
Development of Children
with Visual Handicaps*

by ROBERT F. MIKELL, M.D.

American Foundation for the Blind
15 West 16th Street, New York 11, N.Y.

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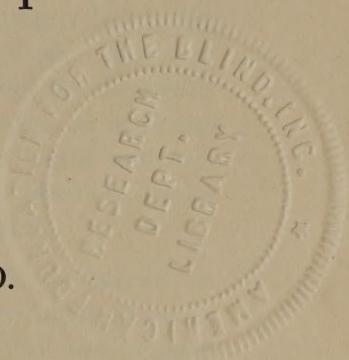


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HOUSE FOR THE BLIND

Normal Growth and Development of Children with Visual Handicaps

by

ROBERT F. MIKELL, M.D.



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Foreword

The increasing incidence of blindness among infants is causing parents all over the country to be concerned about what they may do to foster the blind child's optimum growth and development. In this pamphlet, Dr. Robert F. Mikell discusses, as a pediatrician, what blindness in a child may mean to a family and suggests some of the procedures which have been observed to be helpful in the total family living for a blind child.

This material was originally presented as a talk to parents in Miami, Florida. Since the questions discussed are likely to occur in any family in which there is a young blind child, and because of the sincere way in which Dr. Mikell approaches the various problems, it seems appropriate that the material be made available to other parents and persons interested in young blind children.

The American Foundation for the Blind publishes this pamphlet, with permission of the author, that parents may find the encouragement and reassurance so needed at times by everyone, and that the child who happens to be blind may know and enjoy the fuller life to which he is rightfully entitled.

PAULINE M. MOOR
CONSULTANT IN EDUCATION

*August 15, 1953
New York City*

Normal Growth and Development of Children with Visual Handicaps

All babies need good physical care, and a generous measure of love, affection and security. A blind baby has these same requirements. Perhaps he needs more concrete evidences of this affectionate care than the baby who can see to help him become acquainted with the world in which he is to live, and to develop a healthy personality which is a basic need for all children. You, the parents will in most instances be the determining factor as to how well these goals are achieved.

You who have experienced it know far better than I the initial shock which accompanies the first knowledge that your child cannot see. It is tremendous, and at times has probably seemed unbearable.

Many questions undoubtedly have arisen in your early, confused thoughts, apart from your concern for the child itself. If this is a first child, you have possibly wondered about having other children. If there are other children, you have wondered what the place and relationship of this child will be, and what his

presence will mean in the family group. Informing grandparents, relatives and friends can be a major consideration in itself, and inquiring and pitying neighbors and strangers can be a lasting problem. Even the word "blind" may seem impossible at first. Dr. Thomas Cutsforth, one of the pioneers in this field, and himself blind, tells of an institution of some years back where no mention of the word blind was permitted. Nevertheless, by insight alone, the children were well aware of the difference between themselves and the seeing teachers, even though no word was available to name their condition.

Dr. Cutsforth states definitely that blindness in itself produces no emotional disturbance, and that the blind child or person does not suffer torment because of inability to see, nor is he continually yearning to see. Those are attitudes which well-meaning but ill-advised people ascribe to them. It is only from the social situations which blindness creates, and from the attitude which the seeing adopt toward them, that emotional problems are created.

It is well that you, the parents of preschool blind children realize that it is normal and to be expected that it takes time to adjust completely to the fact that your baby is blind. You will surely think with sorrow of the dreams you had for him before you knew he could not see. You should be comforted by the knowledge that, as many other parents have done, you will be able to realize most of those dreams. Perhaps as many as if he had not been handicapped, although not necessarily the same dreams.

Unquestionably it is helpful in the difficult period of adjustment to learn some of the facts which are known about blind babies and some of the ways in which you can work toward the best possible guidance of your child. That is the purpose of this meeting—to try to acquaint you with that kind of information.

It is held by most authorities that the best place for the blind child is not in an institution, but in his own home where his personality may develop normally, and with this I heartily agree. In his home he has a continuous relationship with his parents, or at least a mother-person. He identifies himself in relation to his parents throughout his babyhood, thereby permitting his ego to grow, his language to develop, and his emotions to have meaning.

I want to review first some of the training problems for the child with sight, prior to school age. These are the normal training problems of all children. The goals are:

1. Care for his personal needs, feeding and dressing himself, toilet training, walking up and down stairs, going about his home and yard with reasonable safety.
2. Ability to speak clearly, to use sentences, and to give more than a single word in answer to questions.
3. Sufficient motor co-ordination to use scissors and simple tools.
4. Playing by himself for definite periods, playing with other children, respect for persons and property of others, and maturity enough to get along without his parents for reasonably long periods.
5. Reading readiness, including finger and hand co-ordination, first hand contact with many objects, ability to pay attention for relatively long periods, and having a variety of real and first-hand personal experiences.

Let me say again that these are rather considerable goals even for the seeing child, and as you yourselves know, there are many who are long delayed in achieving all of them, or who achieve them only very imperfectly. These are also the normal objectives for the blind child, but the time in which he can attain them, and his process of attaining them is not the same—for he must do so with one of his most important senses missing. It will take longer, even under the best of circumstances, and you must and should take considerable pride in each small step which your baby makes toward these goals.

The sighted baby, according to Dr. Gesell, takes hold of the physical world with his eyes long before he takes hold with his hands. He can pick up a $\frac{1}{4}$ inch pellet with his eyes at sixteen weeks, but with his hands only at twenty weeks. It will necessarily take longer for the blind baby. He must substitute ear-hand co-ordination for eye-hand co-ordination—not an easy change to make. Until his hand co-ordination and locomotion develop enough for him to learn something of space relations, the sounds which come to him from a distance mean little. Also, sound stimuli

are many times fewer than sight stimuli, and unless the sound is accompanied by the touching of the object or person making the sound, it is meaningless. The bright colors and moving objects and people which tempt the seeing baby to wriggle and reach out are outside the environs of the blind. You must be alert to replace those visual stimuli with meaningful appeals to the hearing, touch, taste, and smell—for it is through the cultivation of these senses (and not with repeated reminders of the things he cannot see) that your baby can best develop as a normal, happy person.

Walking may also be delayed, and until the blind child gets about by himself, he cannot explore and gain a meaningful knowledge of his surroundings. Too often these children have additional handicaps placed on them by well-meaning parents and relatives, trying to shield them from bumps and falls. Many babies are kept in the crib, or confined inside a playpen when they should be allowed the freedom of a room cleared of sharp and breakable objects. Another restriction prompted by mistaken love is that of doing everything for the child. When he is deprived of the opportunity to do things for himself at a time when his physical development permits, he is not only being deprived of the opportunity to learn, but he is being hindered in his struggle to become a well-adjusted and reasonably self-sufficient individual. It is perfectly true that it takes less time for the adult to do a task than it does to allow the child to do it, and hurried parents are confronted again and again with that temptation. However, a few times of "Mother's doing it" and the child begins to accept, enjoy, and even demand the service. On the other hand, he must not be forced to learn processes before his muscles and control permit, for here he not only fails to succeed, but comes to accept failure, which is far worse. The problem is to achieve a balance. Give him enough affection for certain security, but do not smother him. Give him enough assistance to start him working, and prevent discouragement, but not enough to reduce his efforts.

Let's talk next about some specific problems of your preschool child. Some complaints of teachers, when these children enter school, include inability to feed and dress themselves and to take

care of toilet needs; poor or nonexistent work habits; babyish reactions such as temper tantrums, and being spoiled. One teacher, when asked what should be stressed to parents said, "Have the child learn not to dawdle." Another said, "Teach them to handle things without breaking them." They cannot learn the purposes of objects unless they have been shown. Therefore, they seek usefulness in ripping them apart to get the sound of tearing, crushing, or cracking. Miss Helen Mount states in her book, "The chances are that they have had very few experiences, and have to begin training their fingers to tell them about things they did not know existed." Unless real effort is made by you, the parents, to acquaint your child through the senses he does possess of the world around him, he will be needlessly retarded. Some cases of retardation because of a limited and oppressively protective environment can be so severe as to make a normal child appear to be feeble-minded. This is due to neglect—although the neglect is certainly not purposeful, stemming as it does from a desire to shield the child from the world, instead of introducing him into it.

You will probably ask, "What plan can we follow in order to allow our child to develop at his optimum rate? How shall we prevent some of these less desirable traits from appearing? Give us an outline as to what we may expect from this child." Unfortunately, there is no curriculum. Each child is different, his interests are different, and his home situation is surely different. As Gesell puts it, "Each child has his own unique pattern of growth."

However, we can give you a philosophy of management, and a general idea of some of the guidance devices which have often proved effective.

For the early crib days it is easy to provide suitable toys, such as rattles and rubber toys that squeak—toys that challenge the child to handle them. Later a cradle gym can further develop his achievements. Care should always be taken that toys are not too complex. They should be individual enough in shape and texture so that the child can readily recognize them without sight. The story is told of a blind girl who adopted as her favorite toy at a very early age, an old boot, and who fondled and played with that boot all through her years of growing up. The explanation is found

in the fact of the boot's unique and interesting texture of wrinkles and worn folds. In an environment where this girl was not given much help in learning and identifying objects, the boot was sure and unmistakable—hence comforting. A plain rubber ball which the child can squeeze into this shape or that is a wide favorite at a little later age. There are now many excellent toys available, and pamphlets suggesting how they may be introduced.

Once out of the crib, toys of various sorts—but not too many to be confusing—should be kept in the playpen, usually tied to the pen so that the child can throw and retrieve them. The playpen is very useful in giving the child an area in which he feels secure—but care must be taken so that he is not kept confined in it after he is ready to start creeping and pulling up. A chair or davenport sometimes offers more incentive for pulling up than does a playpen.

Creeping is a stage of locomotion often omitted by the blind child—possibly because it puts his head in such a vulnerable position. However, your child may substitute a kind of creeping in a sitting position, hitching himself along. Or, again, he may go from sitting erect to standing beside an object, and directly to walking.

As to walking, remember that all children, blind and seeing, must reach a certain maturation point before beginning this process. Probably allowing the child to walk about by clinging to furniture and walls is better than "walking him," as it helps develop his self-confidence and he learns to orient himself spatially. A mechanism such as a loud clock, which gives off a constant sound, always from the same location is of great value in helping the child to orient, or locate himself, and to learn his new surroundings. After the child is walking, he should be initiated to stairsteps, and then attention given to walking in both familiar and strange places. This may be developed by first learning to walk and run in free places, such as a smooth lawn, and by training in the use of his hands, placed naturally on objects for orientation. Recognition of surface changes by the feet—as from rugs to wood floor, from sidewalk to grass, is of greatest help. Developing skills in getting

around without mishaps is a long process, and it will require patience and persistence.

Parents often report feeding difficulties—refusal of solid foods, trouble in changing from strained to chopped foods, refusal of new foods, etc. I doubt if this is more common in blind babies than in those who see. Blindness may be a minor factor, but rejection is a normal reaction for an infant who is accustomed to liquids when he is confronted with semi-solids for the first time. New foods should be introduced slowly, in small quantities, possibly mixed with a known food if the refusal is strong. If the difficulty continues, cease to offer the food for a while, then try it again. Some parents have trouble in teaching self-feeding. This should not be attempted until the child shows some interest in a spoon, and is able to hold it. If this has not developed by the age of two to three years, it can be encouraged by placing the child's hand on the spoon while he is being fed—or the spoon should be filled and the child encouraged to carry it to his mouth. If this fails to produce results, I suggest leaving him alone with his food and spoon. Even if he discards the spoon in favor of his fingers, he has made an independent step forward. It must be remembered that feeding one's self without sight is fatiguing as well as discouraging, and that complete self-feeding will be achieved by slow degrees.

Perhaps feeding time offers a good opportunity to attack dawdling. Naturally, the blind child will require more time to eat, but nevertheless time should not be allowed to extend indefinitely. Mother should determine what is a reasonable time, hold the child to that time, and if necessary remove the food at the end of that time. We need to recall, however, that at best children of this age are only vaguely aware of the passage of time, and that a blind child will miss some of the things which help fix time in the mind of the seeing child. So care should be taken to fix time for the child by some definite, intelligible event—before brother leaves for school, before the factory whistle blows, or the alarm goes off.

We may mention other achievements here, both in personal habits and play, such as buttoning and unbuttoning, which is pre-

paratory to learning to dress. This is learned easier on the big buttons of mother's coat. Lacing and unlacing shoes may follow, with the start being made with a shoe off the foot. Recently special cloth books have been published with buttons, zippers, lacings, and grippers to master. This sort of thing is helpful, especially if it is related as soon as possible with actual dressing, so that the child may know the satisfaction of accomplishing a meaningful act. You will need to recall many times that a thing which is as simple to us as dressing offers many hazards and a real challenge, and there will surely be mistakes and disappointments before it is mastered.

As to speech—in both seeing and blind children need is often the determining factor as to when they begin. When the parent anticipates all of a child's wants, the child has no need to talk, even though he may know the words. You may have to pretend not to understand, even to withholding toys or favored foods, to urge your child into beginning speech. Certainly you should encourage his random sounds and noises, and later give him simple sounds and words to imitate. Without visual images, the learning process is obliged to be more laborious, but your ingenuity in calling his other senses into play can compensate for that. A recurring problem is the persistence of infantile, baby-like speech, often directly traceable to the parents' attitude toward the child. The imitation by the child of speech characteristics of his parents and teachers is basic and undeniable, and without attempting to explore here a topic which is complex in itself, I would simply remind you of the possibility you have of affording your child with a good model, with vivid, well-chosen words spoken in an alive and stimulating voice. Do not attempt to mask emotions in your voice—your child needs the help your voice can give him in learning of feelings and reactions. It will obviously take more time for your child to learn to use full sentences, if only because his stimuli are more limited. In this connection I would like to stress again the importance of giving your child real stimuli, within his power to comprehend, rather than trying to explain to him the things you see. A puppy dog with a belled collar makes an

admirable companion and playmate for your child, and can afford him contact with reality and the give and take of life. As for describing the dog to your child—it must not be a pretty spotted dog, it should be a dog with a cold nose, a scratchy tongue, sharp teeth, soft hair, and a wagging tail. It should be a dog who likes to be petted, but who does not like to have his bone taken from him. It is a dog who pants when he is hot and needs water, and who curls up under a chair when he is sleepy and doesn't want to be disturbed.

The question of "blindism"—oft-repeated mannerisms such as fluttering the fingers, or twisting a lock of hair—should be mentioned at least briefly. These are not symptoms of mental retardation; but they may be a sign of inadequate stimuli. Some persons feel that blindisms will not appear, or at least not in disconcerting numbers or degree if sufficient outside stimulation is offered. It may be the bored and idle child or the child who is under strain mentally or emotionally, who engages in blindisms. A certain amount of twisting and twirling is normal—watch a seeing child at play. Once these mannerisms have appeared, you must curb your tendency to correct or punish him. If he realizes that you are annoyed by his habit, he might use this new power over you by deliberately persisting. More intensive physical activity tends to prevent or correct "blindisms." Thus, starting with simple roughhousing, for pure fun, may profitably go on into the "let's pretend" stage, which all children love, and which has a helpful place in the prevention of mannerisms, as well as in muscular development. The child can play at being a wheelbarrow, of walking like a duck for abdominal and leg muscle development, picking up marbles with his toes for flatfoot correction, etc. Rhythms and action games bring meaning, enjoyment and healthy fatigue.

I am well aware that I have given you no outline which you can use, checking points yes and no, in deciding how well your child is developing and learning as compared with a seeing child. There is no such thing. But I do hope I have suggested to you some of the following thoughts.

1. Be patient, do not expect too much of your child, too rapidly.
2. But on the other hand, and even more important, do not over-protect him.
3. Realize that with his more difficult approach, each problem will require more time to solve. Prepare your work and your thinking so you can give that time.
4. Be available to suggest or inject aid when he is getting discouraged, but do not interrupt when he is proceeding along under his own interest.
5. Do not become discouraged at periods of apparent lack of progress. Such periods are normal, but can become a problem if your child senses your nervousness or exasperation.
6. Ask yourself from time to time—am I supplying my child with enough day to day experiences to bring him into vivid contact with the world.

The fact that you are here today is evidence that you have the interest and will to help your child develop into the normal, useful, happy person he can be.

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MIKELL, ROBERT F.

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